

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031629

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4997 Registrar's No. 146

VS 300
Rev. 4/59

1 0192

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED SEP 10 1963

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u>		Length of stay in 1b <u>1 Wk.</u>	c. CITY OR TOWN <u>Pleasant Hill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. 4</u>
3. NAME OF DECEASED (Type or print) First <u>Jacob</u> Middle <u>Henry</u> Last <u>Pine</u>		4. DATE OF DEATH Month <u>August</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-7-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.D. Mohr Greenhouses</u>	
11a. FATHER'S NAME <u>Nathan Alexander Pine</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Ethel Ann Pine Pleasant Hill Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction & shock</u> DUE TO (b) <u>Congestive heart failure; Coronary thrombosis</u> DUE TO (c) <u>Atherosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>11 days</u> <u>3 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:10 p.m.</u> Month, Day, Year <u>Aug 30, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Pleasant Hill, Mo.</u>	
21. I attended the deceased from <u>Jan 8, 1963</u> to <u>Aug 30, 1963</u> and last saw her/him alive on <u>Aug 30, 1963</u> Death occurred at <u>9:10 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated.		22. SIGNATURE (Degree or title) <u>Raymond E. Greenhouse D.O.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-2-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		23d. LOCATION (City, town, or county) <u>Pleasant Hill Mo.</u>	
24. FUNERAL DIRECTOR <u>Wallace Funeral Home Pleasant Hill Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-3-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ray J. Sebra</u>		22c. DATE SIGNED <u>8-31-63</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James C Wallace

Licensed Embalmer No. 3921

P. O. Address Heasant Hill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.